09112

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne Co.
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Katherine (Last) Berry
4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1950
5. SEX F.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10/4/1897
9. AGE last birthday 52 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Abraham Brooks
14. MOTHER'S MAIDEN NAME Sarah Gibbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Edward Berry Goldsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	?
	(c)	

450.0
93a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dawson C George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 9/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/9/50
NAME OF CEMETERY OR CREMATORY Roseville
LOCATION (City, town, or county) (State) Near Price Md.

DATE REC'D BY LOCAL REG. 9/8/50
REGISTRAR'S SIGNATURE A Clark Smith
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

I

RECEIVED
OCT 17 1950
BUREAU V. S

09113

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marydel — LENGTH OF STAY (in this place): 6 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): 2900 Gibbons Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Estelle	Carter	9	21	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F.	White	Married	11/23/1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. J.V. Knotts	Kate O. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	James T. Carter Marydel, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Central Hemorrhage c Hemiplegia

292.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Central & General Arteriosclerosis

83a (c) Primary Anemia

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 15, 1949, to Sept. 21, 1950, that I last saw the deceased alive on Sept. 20, 1950, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Jones Jr. M.D. — ADDRESS Greensboro, Md — DATE SIGNED Sept 24 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/24/50	Templeville	Templeville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/23/50	A. Clark Smith	R.B. Rawlings	Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU OF

09114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship rural
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Federalsburg
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Howard E. Christopher

4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1950 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb. 7, 1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant farmer
11. BIRTHPLACE (State or foreign country) Vienna, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Christopher
14. MOTHER'S MAIDEN NAME Mannie Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 219-14-3749
17. INFORMANT Mrs. Mattie Christopher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Poss. cerebral thrombosis

443X Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease c̄ decompensation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Feb, 1950, to 20 Feb, 1950, that I last saw the deceased alive on 20 Feb, 1950, and that death occurred at 1:10 P m., from the causes and on the date stated above.

SIGNATURE John C Rawlins (Degree or title) M.D. ADDRESS Federalsburg Md. DATE SIGNED 18 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) DATE Sept. 19, 1950 NAME OF CEMETERY OR CREMATORY Hillcrest Cem. LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REG. Sept. 18, 1950 REGISTRAR'S SIGNATURE Everett Nuttle, Deputy
24. FUNERAL DIRECTOR Adams & Williamson ADDRESS Federalsburg, Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1950
BUREAU

09115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH· COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Templeville — LENGTH OF STAY (in this place): 68 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Templeville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Florence	(Middle) L.	(Last) Clough	4. DATE OF DEATH	(Month) Sept.	(Day) 20	(Year) 50
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: 1/11/1882	9. AGE last birthday: 68 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: James Clough	14. MOTHER'S MAIDEN NAME: Tobitha Jones						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 219-01-6435	17. INFORMANT AND ADDRESS: Bertha Barger Templeville, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute Cardiac Dilatation

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 2, 1950, to Sept 20, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 12:40P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. Metcalfe Md Ludlowville Md 9/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 9/24/50	NAME OF CEMETERY OR CREMATORY: Templeville	LOCATION (City, town, or county) (State): Templeville, Md.
DATE REC'D BY LOCAL REG.: 9/23/50	REGISTRAR'S SIGNATURE: A. Clark Smith	24. FUNERAL DIRECTOR: R. B. Rawlings	ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. S

Name: Dr. George's note filmed G128-10-5-52-2

MARYLAND STATE DEPARTMENT OF HEALTH

09116

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Caroline | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston | LENGTH OF STAY (In this place): 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Thurman (Middle) B. (Last) Harris

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (If married, widowed or divorced, how long?): Married | 8. DATE OF BIRTH: 10/3/1888 | 9. AGE Last birthday: 61 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter House | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Harris | 14. MOTHER'S MAIDEN NAME: Sarah Cahall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 227-38-3859 | 17. INFORMANT: Ernest Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Artero Sclerosis	2 yrs
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Harrison D. George Deputy Medical Examiner | Denton Md. | 9/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/13/50 | NAME OF CEMETERY OR CREMATORY Preston | LOCATION (City, town, or county) Preston, Md. | (State)

DATE REC'D BY LOCAL REG. 9/12/50 | REGISTRAR'S SIGNATURE Jm & D George | 24. FUNERAL DIRECTOR R.B. Rawlings | ADDRESS Greensboro, Md.

30819

RECEIVED
SEP 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09117

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vesper Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural give location) Vesper Avenue

3. NAME OF DECEASED (Type or Print): (First) Orlan (Middle) R. (Last) Hignutt

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 5, 1900

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pearl Button Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Button Factory

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Hignutt

14. MOTHER'S MAIDEN NAME: Addie Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 215-01-1171

17. INFORMANT: Clarence E. Hignutt, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage - Shock — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Gun shot wound. Left Chest
(c)

9767
164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) Federalsburg (COUNTY) Caroline (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 25-1950 10 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with Gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dawson D George Dpty Medical Examiner Denton Md. 9/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 27, 1950
NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG. Sept. 27, 1950
REGISTRAR'S SIGNATURE: S. S. Frampton
24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

49606

RECEIVED
OCT 4 1950
BUREAU V. S

09118

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 65 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Burt (Middle) (Last) Hobbs

4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7/10/1870
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Dealer Own Business
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Hobbs
14. MOTHER'S MAIDEN NAME Elizabeth Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Carrie Hobbs Greensboro, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Heart Failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular & Renal Changes.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Greensboro (COUNTY) Caroline (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 9/21, 1950, that I last saw the deceased alive on 21, 1950, and that death occurred at 5:30P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H F Silver MD
ADDRESS Goldsboro Md
DATE SIGNED 9/21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/25/50
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Maryland

DATE REC'D BY LOCAL REG. Sept. 23-1950
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

15678

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1950
BUREAU V. S

09119

Evidence for addition in 18 shown on:

FILM No. G 128 OCT 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural	LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Preston-Federalsburg Road	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
	STREET ADDRESS (If rural, give location) Preston - Federalsburg Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Henry	Parker	September 28 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Single	Dec. 16, 1924	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	—	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence L. Parker	Florence Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		—	Mrs. Florence Parker, Preston, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Contd Pulmonary tuberculosis (10-20-50 akc)	
	(c) none	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/26, 1950, to 9/26, 1950, that I last saw the deceased alive on 9/26, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hayward T. Mills M.D.		Easton, Md.	9/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 2, 1950	Johns Cemetery	Near Preston, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 2 1950	Cornelia D. Plummer	J. J. Frampton and Son,	Federalsburg, Md.

VS-A15

X1X99

RECEIVED
OCT 4 1950
BUREAU V. S.

M

09328

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton — LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Robert (Last) Rochester
4. DATE OF DEATH (Month) Sept. (Day) 14 (Year) 1950
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 12, 1873
9. AGE last birthday 77 yrs. — If under 1 year: Months 1, Days 2 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor
11. BIRTHPLACE (State or foreign country) Caroline County
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Ovid Earl Rochester
14. MOTHER'S MAIDEN NAME Anna Fountain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Bessie R. Bryant, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Renal Disease — 4 yrs

Antecedent cause(s)

442X
131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 2:15 A.m., from the causes and on the date stated above.

SIGNATURE Dawson T. George (Degree or title) Md — ADDRESS Denton Md — DATE SIGNED 9/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Sept. 17, 1950 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) Denton (State) Maryland

DATE REC'D BY LOCAL REG. 9/15/50 — REGISTRAR'S SIGNATURE Wm D O George — 24. FUNERAL DIRECTOR R. Bickart — ADDRESS Easton Md

V 3292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09120

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; MARYLAND; LENGTH OF STAY (In this place) full life; HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same; STREET ADDRESS (If rural give location) same

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Barton (Last) Sullivan

4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) I950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 4, I859

9. AGE last birthday: 9I yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (owner) School bus driver: retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clemmont E. Sullivan

14. MOTHER'S MAIDEN NAME: Elizabeth Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. James Johnson Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval between onset and death: 5yrs.

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 19 49 to 9/26, 19 50, that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Anderson M.D. Federalsburg, md 9/26/50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: Sept. 28, I950 NAME OF CEMETERY OR CREMATORY: Hillcrest Cem. LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REG.: Sept. 26, 1950 REGISTRAR'S SIGNATURE: Everett Nuttle, Deputy

24. FUNERAL DIRECTOR ADDRESS: Adams & Williamson Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09121

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH · COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Grove	STREET ADDRESS (If rural, give location) Chestnut Grove

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) T.	(Last) Todd	4. DATE OF DEATH	(Month) September (Day) 17 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 27, 1882	9. AGE last birthday 68 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Caroline County, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Caleb J. Todd	14. MOTHER'S MAIDEN NAME Charlotta Nichols				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs. A. Belle Todd, Federalsburg, Md., R.D.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Left Ventricular Failure	2 Min
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13/, 1950, to 9/11/, 1950, that I last saw the deceased alive on 9/11/, 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry B. Kimmel M.D. Preston Maryland 9/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept.20,1950	NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	LOCATION (City, town, or county) (State) Federalsburg, Maryland
DATE REC'D BY LOCAL REG. September 20, 1950	REGISTRAR'S SIGNATURE J. J. Frampton	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 22 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09122

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Steward's Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Claiborne
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) (Last) Tunis
4. DATE OF DEATH (Month) September (Day) 8 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 3, 1862
9. AGE last birthday: 88 yrs. — If under 1 year: Months 1, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Island, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Tunis
14. MOTHER'S MAIDEN NAME: Georgieanne Lowe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: S. H. Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Cystitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1950, to Sept. 8, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles H. Stones Jr. MD — ADDRESS: Greensboro Md — DATE SIGNED: Sept. 8 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 11, 1950 — NAME OF CEMETERY OR CREMATORY: Family Plot — LOCATION (City, town, or county) (State): Claiborne, Md.

DATE REC'D BY LOCAL REG.: Sept 8-1950 — REGISTRAR'S SIGNATURE: L. Mae Pippin — 24. FUNERAL DIRECTOR: Newman & Harrison — ADDRESS: St. Michaels Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

09123

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Park Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural, give location): Park Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Turner

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 4, 1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Stationary Boiler

11. BIRTHPLACE (State or foreign country): Sussex County, Delaware

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Turner

14. MOTHER'S MAIDEN NAME: Mary (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-9180

17. INFORMANT AND ADDRESS: Miss Elizabeth Turner, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 days

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive cardiovascular disease

93d

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Oct., 1949, to 24 Sept., 1950 that I last saw the deceased alive on 24 Sept., 50, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE: John C Rawlins (Degree or title) M.D. — ADDRESS: Federalsburg, Maryland — DATE SIGNED: Sept. 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 28, 1950 — NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: Sept. 28, 1950 — REGISTRAR'S SIGNATURE: J. J. Frampton

24. FUNERAL DIRECTOR — ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

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OCT 4 1950
BUREAU V. S.